



## Residential and Visitor Parking Permit Application School Area "S"

Downtown "R"

		ι	□ Medical Area "M	"	
Name:					
Address	:				
City/Stat	ie:				
Zip code	):				
Phone:					
E-mail:					
Drivers L	_icense:				
Car Inf	ormat	ion*			
Vehicle	Yea		1ake	Model	License Plate #
1					
2					
3					
		" PERMITS MAX OF 3 PERMITS MAX ISSUE	PER PARCEL, D DEPENDS ON AVAILABL	E ONSITE PARKING S	PACES.
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